## BEST AVAILABLE COPY

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR										1752	75	0		
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN														
	- <u></u> -	CLAIMS A	(Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS			42					RATI	Ε	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			4-2 minus 20=		• 22			X\$ 9=			OR	X\$18=	396	
INDEPENDENT CLAIMS			9 minus 3 =		. 6			X40=			OR	X80=	4,90	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=			OB	+270=	-10	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	1586	
CLAIMS AS AMENDED - PART II									1	<u></u>		OTHER	THAN	
		(Column 1) CLAIMS	(Column 2)			(Column 3)	SMALL ENTI			ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER - AMENDMENT		PREVICE PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 40	Minus	4	2_	-		X\$ 9=	-		OR	X\$18=		
	Independent • 9 Minus ••• 9 FIRST PRESENTATION OF MULTIPLE DEPENDENT				-		X40=	:		OR	X80=			
_	THE PRESENTATION OF MOCHIFLE DEPENDENT CLAIM							+135=			OR	+270=		
								TOT.			OR ,	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										,			
AMENDMENT B.		CLAIMS. REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	· 25	Minus	. 4	2	- Ø		X\$ 9=			ОЯ	X\$18=		
	Independent			1 CLAIM	<u> -                                     </u>		X40=	1		OR	X80=			
	THE TRESCRIPTION OF MOCHIFLE DEPENDENT CLAIM										OR	+270=		
									Ţ E		OR ,	TÖTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus	***		-		X40=	†		OR	X80=		
نا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								†			.070		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
** (	"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											TOTAL ADDIT. FEE		
٠	The Highest Num	ber Previously Pai	d For (Total o	Independe	ent) is the	highest numbe	r lour	nd in the	арр	ropriate box	in colt	umn 1.		

FORM PTO-875 (Rev. 8/00)

\$1300 v.

Petent and Trademark Office, U.S. DEPARTMENT OF COMMERCE